## Case 2:15-bk-54615 Doc 28-1 Filed 11/20/15 Entered 11/20/15 16:36:12 Desc Schedule I and J Page 1 of 4

						•					
	in this information to identify your cotor 1  Cherie Lynr										
	otor 2				_						
Uni	ted States Bankruptcy Court for the	: SOUTHERN DISTRIC	CT OF OHIO								
	se number 2:15-bk-54615		-		_	Check if this	is:				
(11 10						☐ A supple	<ul> <li>An amended filing</li> <li>A supplement showing post-petition chapter</li> <li>income as of the following date:</li> </ul>				
0	fficial Form B 6I					MM / DD		g			
S	chedule I: Your Inc	ome							12/13		
spo	plying correct information. If you use. If you are separated and you ch a separate sheet to this form.  Describe Employment	ır spouse is not filing wi	ith you, do not inclu	de inforr	natio	on about your s	oouse. If more	space is r	needed,		
1.	Fill in your employment information.	Debtor 1			Debto	Debtor 2 or non-filing spouse					
	If you have more than one job,	Employment status	■ Employed	Employed			☐ Employed				
	attach a separate page with information about additional	Employment status	☐ Not employed	☐ Not	☐ Not employed						
	employers.	Occupation	Self Employed								
	Include part-time, seasonal, or self-employed work.	Employer's name	European Skin	Care In	c.						
	Occupation may include student or homemaker, if it applies.	Employer's address	1419 Grandview Ave Columbus, OH 43212								
		How long employed to	here?								
Par	t 2: Give Details About Mor	nthly Income									
	mate monthly income as of the duse unless you are separated.	ate you file this form. If	you have nothing to r	eport for	any	line, write \$0 in th	ie space. Inclu	de your nor	n-filing		
	u or your non-filing spouse have meespace, attach a separate sheet to		ombine the informatio	n for all e	mpl	oyers for that per	son on the line	s below. If y	you need		
						For Debtor 1	For Debto				
2.	List monthly gross wages, sala deductions). If not paid monthly,			2.	\$	0.00	<u> </u>	N/A			
3.	Estimate and list monthly overt	ime pay.		3.	+\$	0.00	+\$	N/A			

0.00

N/A

4. Calculate gross Income. Add line 2 + line 3.

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Debt	or 1	Cherie Lynn Cockburn	_	Case	e number (if known)	2:15	-bk-54615				
				Е.	. D. bt 4	<b>F</b>	D-1-1 0 -				
				For Debtor 1		For Debtor 2 or non-filing spouse		-			
	Con	y line 4 here	4.	\$	0.00	\$		N/A			
	COP	y line 4 here	••	Ť –	0.00	Ť-		11//			
5.	List	all payroll deductions:									
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	0.00	\$		N/A			
	5b.	Mandatory contributions for retirement plans	5b.	\$	0.00	\$		N/A			
	5c.	Voluntary contributions for retirement plans	5c.	\$	0.00	\$		N/A			
	5d.	Required repayments of retirement fund loans	5d.	\$	0.00	\$		N/A			
	5e.	Insurance	5e.	\$	0.00	\$_		N/A			
	5f.	Domestic support obligations	5f.	\$	0.00	\$		N/A			
	5g.	Union dues	5g.	\$	0.00	\$		N/A			
	5h.	Other deductions. Specify:	5h.+	+ \$_	0.00	+ \$		N/A			
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	0.00	\$		N/A			
7.	Calc	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	0.00	\$		N/A			
8.	List	all other income regularly received:			_						
	8a.	Net income from rental property and from operating a business,									
		profession, or farm									
		Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total									
		monthly net income.	8a.	\$	2,965.05	\$		N/A			
	8b.	Interest and dividends	8b.	\$	0.00	\$		N/A			
	8c.	Family support payments that you, a non-filing spouse, or a dependent		_							
		regularly receive									
		Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$	0.00	\$		N/A			
	8d.	Unemployment compensation	8d.	\$-	0.00	\$-		N/A			
	8e.	Social Security	8e.	\$-	0.00	\$_		N/A			
	8f.	Other government assistance that you regularly receive		· -		· —		,, .			
		Include cash assistance and the value (if known) of any non-cash assistance	;								
		that you receive, such as food stamps (benefits under the Supplemental									
		Nutrition Assistance Program) or housing subsidies.  Specify:	8f.	\$	0.00	\$		N/A			
	8g.	Pension or retirement income	8g.	\$	0.00	\$_		N/A			
	8h.	Other monthly income. Specify:	8h.+	· -	0.00	· · —		N/A			
	_			<u> </u>		Ė			1		
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	2,965.05	\$		N/A			
			_						]		
10.	Calc	culate monthly income. Add line 7 + line 9.	10. \$		2,965.05 + \$		N/A =	\$	2,965.05		
	Add	the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.		-				-	-,00000		
11	Stat	e all other regular contributions to the expenses that you list in Schedule									
	Inclu	ide contributions from an unmarried partner, members of your household, your	depen	dents	s, your roommate	s, and					
		other friends or relatives.									
	Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in <i>Schedule J.</i> Specify:  11. +\$										
	Spe	<u> </u>					· · · · · · · · · · · · · · · · · · ·		0.00		
12.	Add	the amount in the last column of line 10 to the amount in line 11. The res	ult is th	ne co	mbined monthly in	ncome.					
		e that amount on the Summary of Schedules and Statistical Summary of Certa	and Related Data	a, if it	40 6		2 065 05				
	appl	ies					12.   \$		2,965.05		
								mbine			
10	<b>D</b>	to a synaption in average of degree with in the same of the same file of the forms	2				mo	onthly	income		
13.	Do ≀	ou expect an increase or decrease within the year after you file this form	ſ								
	_	No. Yes. Explain:									
		1 63. Explain.									

Sile	in this informe	ation to identify yo	our caso:			1						
Deb		Cherie Lynn		'n		Cher	ck if this is:					
		Ondrie Lyilli	SOCKBUI				An amended filing					
1	tor 2 ouse, if filing)			A supplement showing post-petition chapter 13 expenses as of the following date:								
United States Bankruptcy Court for the: SOUTHERN DISTRICT OF OHIO							MM / DD / YYYY					
Case number (If known) 2:15-bk-54615						A separate filing for Debtor 2 because Debto 2 maintains a separate household						
Of	fficial Fo	orm B 6J	_			'						
		J: Your						12/1				
info	t 1: Description Description No. Go to	nore space is ne on). Answer ever ribe Your House nt case?	eded, atta ry question ehold									
	□ Yes. Doe	es Debtor 2 live	ın a separ	ate nousenoid?								
			st file a sep	parate Schedule J.								
2.	Do you have dependents? ☐ No											
	Do not list D Debtor 2.	ebtor 1 and	■ Yes.	Fill out this information for each dependent	Dependent's relati Debtor 1 or Debto		Dependent's age	Does dependent live with you?				
	Do not state dependents				Son (Not Work	king)	19yrs	□ No ■ Yes □ No □ Yes □ No □ Yes □ No □ Yes □ No				
3.	expenses of yourself an	penses include of people other t d your depende	han nts? □	No Yes				☐ Yes				
Esti exp	imate your ex	nate Your Ongoi expenses as of your a date after the	our bankrı	y Expenses uptcy filing date unless y y is filed. If this is a supp	ou are using this followed	orm as a su J, check th	pplement in a Cha e box at the top o	pter 13 case to report f the form and fill in the				
the	•	h assistance an		government assistance it luded it on <i>Schedule I:</i> Y	•		Your exp	enses				
4.		or home owners		ses for your residence. In	nclude first mortgage	e 4. \$	s	900.00				
	If not include	ded in line 4:										
						10 ¢	•	0.00				
		estate taxes erty, homeowner's	s, or renter	's insurance		4a. \$ 4b. \$		0.00 0.00				
		•		ıpkeep expenses		4c. \$		0.00				
	4d. Home	eowner's associa	tion or con	dominium dues		4d. \$		0.00				
5.	Additional i	mortgage payme	ents for yo	our residence, such as ho	me equity loans	5. \$	<u> </u>	0.00				

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Debtor 1 Cherie L	ynn Cockburn	Case num	ber (if known)	2:15-bk-54615
. Utilities:				
	, heat, natural gas	6a.	\$	148.94
•	wer, garbage collection	6b.	\$	0.00
	e, cell phone, Internet, satellite, and cable services	6c.		80.00
6d. Other. Spe		6d.		0.00
	ekeeping supplies	7.		360.51
	children's education costs	8.	\$	0.00
	ry, and dry cleaning	9.	\$	50.00
	products and services	10.	\$	0.00
Medical and de		11.	\$	30.00
	Include gas, maintenance, bus or train fare.		Ψ	30.00
Do not include c		12.	\$	180.00
	clubs, recreation, newspapers, magazines, and books	13.	\$	0.00
	ributions and religious donations	14.	\$	0.00
Insurance.			·	0.00
	nsurance deducted from your pay or included in lines 4 or 20.			
15a. Life insura	, , ,	15a.	\$	0.00
15b. Health ins	urance	15b.	\$	0.00
15c. Vehicle in:	surance	15c.	\$	138.00
15d. Other insu	rance. Specify:	15d.	\$	0.00
	nclude taxes deducted from your pay or included in lines 4 or 2		·	0.00
	and Federal Tax Not Withheld by LLC	16.	\$	350.00
Installment or le				
	ents for Vehicle 1	17a.	\$	0.00
17b. Car payme	ents for Vehicle 2	17b.	\$	0.00
17c. Other. Spe	ecify:	17c.	\$	0.00
17d. Other. Spe	ecify:	17d.	\$	0.00
Your payments	of alimony, maintenance, and support that you did not rep	ort as	-	
	your pay on line 5, Schedule I, Your Income (Official Form		\$	0.00
Other payments	s you make to support others who do not live with you.		\$	287.60
Specify: Antic	iapted Increase	19.		
Other real prop	erty expenses not included in lines 4 or 5 of this form or o	Schedule I: Yo	ur Income.	
20a. Mortgages	s on other property	20a.	\$	0.00
20b. Real estat	te taxes	20b.	\$	0.00
20c. Property,	homeowner's, or renter's insurance	20c.	\$	0.00
20d. Maintenar	nce, repair, and upkeep expenses	20d.	\$	0.00
20e. Homeown	er's association or condominium dues	20e.	\$	0.00
Other: Specify:		21.	+\$	0.00
	A 1115 A 41		•	
•	xpenses. Add lines 4 through 21.	22.	\$	2,525.05
	r monthly expenses.			
•	monthly net income.	22-	¢	0.005.05
	12 (your combined monthly income) from Schedule I.	23a.		2,965.05
23b. Copy your	monthly expenses from line 22 above.	23b.	-\$	2,525.05
23c. Subtract v	our monthly expenses from your monthly income.			
	is your monthly net income.	23c.	\$	440.00
4. <b>Do you expect</b> a For example, do yo	an increase or decrease in your expenses within the year abute expect to finish paying for your car loan within the year or do you expect to your mortgage?	fter you file this		ease or decrease because
■ No.				
☐ Yes.				
Explain:				